STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

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S.D. SECRETARY OF STATE

1. TITLE OF NEWSPAPER		2. DATE
The Bison Courier		09/25/20

3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
weekly	52	$ 39 in area/$44 out

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
122A West Main/ PO Box 429, Bison, Perkins, SD 57620-0429

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
On Back of this form.

6. FULL NAME OF PUBLISHER: Donald Ravellette

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
On Back of this form.	On Back of this form.

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	765	768
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	164	169
2. Mail Subscription (Paid and or requested)	458	452
3. Paid Electronic Copies	15	18
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	637	639
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	32	32
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	669	671
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	78	84
2. Return from News Agents	18	13
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	765	768

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

General Manager
(Title)

State of South Dakota

County of Harding

(Seal)

CRYSTAL THORSON Notary SEAL Public SOUTH DAKOTA

Sworn to before me this 25th day of Sept, 2020

Crystal Thorson
Notary Public

My commission expires: My commission expires March 17, 2021

Form: SOS REC 051 9/2016

Owners:

Ravellette Publications, INC
PO Box 788
Philip, SD 57567-0788

Donald Ravellette
PO Box 633
Philip, SD 57567-0633